
 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

This file contains information about the sample person from administrative records maintained by the Centers for Medicare and Medicaid Services. It contains basic demographic information (date of birth and gender), insurance information (Medicare entitlement, Medicaid eligibility, HMO enrollment), and summarizes the sample person's Medicare utilization for the calendar year. There is one record for each person who completed an interview.

RIC	1	2	\$RICFMT			C RIC CODE FOR ADMIN IDENTIFICATION RECORD
				13,015		A RIC A - CMS RECORD SUMMARY
				0		N RIC N - CMS RECORD SUMMARY
VERSION	3	1				C VERSION NUMBER
BASEID	4	8	\$BSIDFMT			C UNIQUE IDENTIFICATION NUMBER
				13,015		BASEIDS
H_DOB	12	8	\$DTE8FMT			C LEGAL DATE OF BIRTH
				0		MISSING
				13,015		DATE AS YYYYMMDD
H_DOD	20	8	\$DTE8FMT			C DATE OF DEATH (LAST DAY OF DEATH MONTH)
				12,292		MISSING
				723		DATE AS YYYYMMDD
H_DODSRC	28	2	\$SRCFMT			C SOURCE OF DEATH INFORMATION
				12,292		NO DATE OF DEATH
				2		01 FROM MEDICARE BILL
				0		03 CLERICAL ENTRY
				0		05 BILL AND CLERICAL
				405		10 PROVEN MBR
				52		11 PROVEN MBR AND BILL
				237		20 UNPROVEN MBR
				26		21 UNPROVEN MBR AND BILL
				1		23 UNPROVEN MBR AND CLERICAL
				0		25 UNPROVEN MBR, BILL AND CLERICAL
H_SEX	30	1	\$SEXFMT			C SEX CODE
				0		UNKNOWN
				5,659		1 MALE
				7,356		2 FEMALE
H_RACE	31	1	\$RACEFMT			C RACE CODE
				0		UNKNOWN
				33		0 UNKNOWN
				10,990		1 WHITE
				1,406		2 BLACK
				112		3 OTHER
				122		4 ASIAN
				323		5 HISPANIC
				29		6 N AMERICAN NATIVE
H_AGE	32	3	AGEFMT			N SSA LEGAL AGE
				13,015		0-999 AGE IN YEARS

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_STRAT	35	1	\$AGEFMT				C MCBS SAMPLE STRATUM
				0			UNKNOWN
				988			1 0-44
				1,170			2 45-64
				2,144			3 65-69
				2,509			4 70-74
				2,110			5 75-79
				2,015			6 80-84
				2,079			7 85 +
H_ENT01	36	1	\$ENTFMT				C JAN MEDICARE ENTITLEMENT
				440			A PART A MEDICARE ONLY
				115			B PART B MEDICARE ONLY
				12,091			C PART A AND B MEDICARE
				369			N NO MEDICARE ENTITLEMENT
H_ENT02	37	1	\$ENTFMT				C FEB MEDICARE ENTITLEMENT
				443			A PART A MEDICARE ONLY
				115			B PART B MEDICARE ONLY
				12,035			C PART A AND B MEDICARE
				422			N NO MEDICARE ENTITLEMENT
H_ENT03	38	1	\$ENTFMT				C MAR MEDICARE ENTITLEMENT
				450			A PART A MEDICARE ONLY
				117			B PART B MEDICARE ONLY
				12,007			C PART A AND B MEDICARE
				441			N NO MEDICARE ENTITLEMENT
H_ENT04	39	1	\$ENTFMT				C APR MEDICARE ENTITLEMENT
				451			A PART A MEDICARE ONLY
				119			B PART B MEDICARE ONLY
				11,968			C PART A AND B MEDICARE
				477			N NO MEDICARE ENTITLEMENT
H_ENT05	40	1	\$ENTFMT				C MAY MEDICARE ENTITLEMENT
				454			A PART A MEDICARE ONLY
				118			B PART B MEDICARE ONLY
				11,929			C PART A AND B MEDICARE
				514			N NO MEDICARE ENTITLEMENT
H_ENT06	41	1	\$ENTFMT				C JUN MEDICARE ENTITLEMENT
				451			A PART A MEDICARE ONLY
				117			B PART B MEDICARE ONLY
				11,902			C PART A AND B MEDICARE
				545			N NO MEDICARE ENTITLEMENT
H_ENT07	42	1	\$ENTFMT				C JUL MEDICARE ENTITLEMENT
				427			A PART A MEDICARE ONLY
				115			B PART B MEDICARE ONLY
				11,904			C PART A AND B MEDICARE
				569			N NO MEDICARE ENTITLEMENT

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ENT08	43	1	\$ENTFMT				C AUG MEDICARE ENTITLEMENT
				429			A PART A MEDICARE ONLY
				116			B PART B MEDICARE ONLY
				11,900			C PART A AND B MEDICARE
				570			N NO MEDICARE ENTITLEMENT
H_ENT09	44	1	\$ENTFMT				C SEP MEDICARE ENTITLEMENT
				421			A PART A MEDICARE ONLY
				117			B PART B MEDICARE ONLY
				11,866			C PART A AND B MEDICARE
				611			N NO MEDICARE ENTITLEMENT
H_ENT10	45	1	\$ENTFMT				C OCT MEDICARE ENTITLEMENT
				423			A PART A MEDICARE ONLY
				116			B PART B MEDICARE ONLY
				11,829			C PART A AND B MEDICARE
				647			N NO MEDICARE ENTITLEMENT
H_ENT11	46	1	\$ENTFMT				C NOV MEDICARE ENTITLEMENT
				426			A PART A MEDICARE ONLY
				114			B PART B MEDICARE ONLY
				11,802			C PART A AND B MEDICARE
				673			N NO MEDICARE ENTITLEMENT
H_ENT12	47	1	\$ENTFMT				C DEC MEDICARE ENTITLEMENT
				424			A PART A MEDICARE ONLY
				112			B PART B MEDICARE ONLY
				11,789			C PART A AND B MEDICARE
				690			N NO MEDICARE ENTITLEMENT
H_DOE	48	8	\$DTE8FMT				C ENTITLEMENT START DATE
				0			MISSING
				13,015			DATE AS YYYYMMDD
H_DOT	56	8	\$DTE8FMT				C ENTITLEMENT END DATE
				12,971			MISSING
				44			DATE AS YYYYMMDD
H_MEDSTA	64	2	\$MSCFMT				C MEDICARE STATUS CODE AS OF DEC 31
				1			UNKNOWN
				10,811			10 AGED, NO ESRD
				39			11 AGED, ESRD
				2,100			20 DISABLED, NO ESRD
				36			21 DISABLED, ESRD
				28			31 ESRD ONLY

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_LAF	66	2	\$LAFMT				C STATUS OF SSA BENEFIT CHECK (LAF) DEC 31
				7			UNKNOWN
				0			AD CUR PAY-ADJ FOR DUAL ENTITLEMENT
				0			AF TRANSFER TO ANOTHER PC OR DIO
				0			A9 CUR PAY-MISCELLANEOUS ADJUSTMENT
				11,918			C CURRENT PAYMENT STATUS
				0			DW DEFERRED-WORKERS COMP
				0			D2 DEF-RETIREMENT TEST
				0			D3 DEF-D2 FOR PRIMARY
				4			D6 DEF-RECOVER OVERPAYMENT
				0			D9 DEF-MISCELLANEOUS REASON
				0			J ADVANCED FILING-CURRENT PAY
				0			L2 ADVANCED FILING-WORKED INSIDE U S
				0			L3 ADVANCED FILING-INSURED WORKED IN U S
				0			N NOT IN PAY STATUS
				0			RN CUR PAY-PART B REINSTATED
				0			S SUSP-DEFERRED RETIREMENT
				1			SD SUSP-OTHER
				0			SF SUSP-FAILS TO MEET RESIDENCE REQUIRMNT
				54			SH SUSP-GOVERNMENT PENSION
				1			SP SUSP-PUBLIC ASSISTANCE
				2			S0 SUSP-CONTINUING DISABILITY INVESTIG
				0			S2 SUSP-FAILS RETIREMENT TEST
				0			S3 SUSP-PRIMARY ACCOUNT S2
				1			S6 SUSP-CHECK RETURNED FOR ADDRESS
				23			S7 SUSP-VOCATIONAL REHAB REFUSAL
				0			S8 SUSP-PAYEE NOT DETERMINED
				8			S9 SUSP-MISCELLANEOUS REASON
				0			TR TERM-CLAIM WITHDRAWN
				0			T0 TERM-BENEFITS PAID BY ANOTHER AGENCY
				666			T1 TERM-DEATH OF BENEFICIARY
				0			T2 TERM-DEATH OF PRIMARY
				0			T3 TERM-DIVORCE, MARRIAGE, REMARRIAGE
				1			T4 TERM-CHILD ATTAIN AGE 18/22
				0			T5 TERM-ENTITLED ON ANOTHER ACCT
				4			T8 TERM-RECOVERY FROM DISABILITY
				0			T9 TERM-MISCELLANEOUS
				280			U ACTIVE UNINSURED STATUS (NO SSA CHECK)
				0			XR TERMINATED -
				22			X1 TERM-DEATH OF INSURED
				0			X5 TERM-ENTITLED TO ANOTHER BENEFIT
				23			X7 TERM OF UNINSURED
				0			X9 TERM MISCELLANEOUS
				0			ZZ ERRONEOUS ENTITLEMENT

MEDICARE CURRENT BENEFICIARY SURVEY
 Administrative Identification

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_RESST	68	2	\$STFMT				C SSA STATE CODE OF RESIDENCE AS OF DEC 31
				4			UNKNOWN
				359			01 AL
				0			02 AK
				112			03 AZ
				91			04 AR
				1,157			05 CA
				290			06 CO
				110			07 CT
				1			08 DE
				45			09 DC
				695			10 FL
				595			11 GA
				1			12 HI
				100			13 ID
				517			14 IL
				302			15 IN
				295			16 IA
				156			17 KS
				179			18 KY
				128			19 LA
				141			20 ME
				164			21 MD
				160			22 MA
				381			23 MI
				149			24 MN
				102			25 MS
				164			26 MO
				1			27 MT
				5			28 NE
				165			29 NV
				2			30 NH
				626			31 NJ
				127			32 NM
				837			33 NY
				33			34 NC
				73			35 ND
				539			36 OH
				250			37 OK
				8			38 OR
				659			39 PA
				192			40 PR
				1			41 RI
				461			42 SC
				0			43 SD
				105			44 TN
				872			45 TX
				4			46 UT
				0			47 VT
				0			48 VI
				505			49 VA
				542			50 WA
				110			51 WV
				436			52 WI
				64			53 WY
				0			54-99 UNKNOWN
H_RESCTY	70	3	\$CTYFMT				C SSA COUNTY CODE OF RES. AS OF DEC 31
				4			UNKNOWN
				13,011			000-999 COUNTY CODE

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_ZIP	73	5	\$ZIPFMT				C POSTAL ZIPCODE OF RESIDENCE AS OF DEC 31
				4			UNKNOWN
				13,011		00000-99999	ZIP CODE
H_CENSUS	78	2	\$CENFMT				C CENSUS REGION OF RESIDENCE AS OF DEC 31
				5			UNKNOWN
				0			** UNKNOWN
				413			01 NEW ENGLAND
				2,122			02 MIDDLE ATLANTIC
				2,175			03 EAST NORTH CENTRAL
				842			04 WEST NORTH CENTRAL
				2,609			05 SOUTH ATLANTIC
				745			06 EAST SOUTH CENTRAL
				1,341			07 WEST SOUTH CENTRAL
				863			08 MOUNTAIN
				1,708			09 PACIFIC
				192			10 PUERTO RICO
H_METRO	80	1	\$METFMT				C METRO STATUS
				3,646			N NON-METRO AREA
				5			U UNKNOWN
				9,364			Y METRO AREA
H_HSBEG1	81	8	\$DTE8FMT				C BEGINNING DATE OF LATEST HOSPICE PERIOD
				12,595			MISSING
				420			DATE AS YYYYMMDD
H_HSEND1	89	8	\$DTE8FMT				C ENDING DATE OF LATEST HOSPICE PERIOD
				12,595			MISSING
				420			DATE AS YYYYMMDD
H_HSBEG2	97	8	\$DTE8FMT				C BEGINNING DATE OF 2ND HOSPICE PERIOD
				12,904			MISSING
				111			DATE AS YYYYMMDD
H_HSEND2	105	8	\$DTE8FMT				C ENDING DATE OF 2ND HOSPICE PERIOD
				12,904			MISSING
				111			DATE AS YYYYMMDD
H_HSBEG3	113	8	\$DTE8FMT				C BEGINNING DATE OF 3RD HOSPICE PERIOD
				12,957			MISSING
				58			DATE AS YYYYMMDD
H_HSEND3	121	8	\$DTE8FMT				C ENDING DATE OF 3RD HOSPICE PERIOD
				12,957			MISSING
				58			DATE AS YYYYMMDD
H_HSBEG4	129	8	\$DTE8FMT				C BEGINNING DATE OF 4TH HOSPICE PERIOD
				12,977			MISSING
				38			DATE AS YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_HSEND4	137	8	\$DTE8FMT	12,977 38			C ENDING DATE OF 4TH HOSPICE PERIOD MISSING DATE AS YYYYMMDD
H_ESRBEG	145	8	\$DTE8FMT	12,873 142			C BEGINNING DATE OF ESRD PERIOD MISSING DATE AS YYYYMMDD
H_ESREND	153	8	\$DTE8FMT	12,941 74			C ENDING DATE OF ESRD PERIOD MISSING DATE AS YYYYMMDD
H_GHPSW	161	1	\$GHPSW	10,746 2,269			C 1= SOME GROUP HEALTH PARTICIPATION IN CY 0 NO ENROLLMENT 1 SOME ENROLLMENT
H_PLTP01	162	2	\$PLNFMT	10,890 36 69 2,020			C GHP PLAN TYPE JAN NO ENROLLMENT FOR MONTH 01 HCPP 02 COST HMO 06 RISK HMO
H_PLAN01	164	5	\$GHPFMT	2,106 10,890 19		H0000-H9999	C GHP CONTRACT NUMBER JAN PLAN IDENTIFIER N UNKNOWN, OR NO PLAN 90091 PLAN IDENTIFIER
H_PLPY01	169	4					N MEDICARE PERCAP PAYMENT JAN
H_PLTP02	173	2	\$PLNFMT	10,894 35 69 2,017			C GHP PLAN TYPE FEB NO ENROLLMENT FOR MONTH 01 HCPP 02 COST HMO 06 RISK HMO
H_PLAN02	175	5	\$GHPFMT	2,102 10,894 19		H0000-H9999	C GHP CONTRACT NUMBER FEB PLAN IDENTIFIER N UNKNOWN, OR NO PLAN 90091 PLAN IDENTIFIER
H_PLPY02	180	4					N MEDICARE PERCAP PAYMENT FEB
H_PLTP03	184	2	\$PLNFMT	10,894 35 71 2,015			C GHP PLAN TYPE MAR NO ENROLLMENT FOR MONTH 01 HCPP 02 COST HMO 06 RISK HMO
H_PLAN03	186	5	\$GHPFMT	2,102 10,894 19		H0000-H9999	C GHP CONTRACT NUMBER MAR PLAN IDENTIFIER N UNKNOWN, OR NO PLAN 90091 PLAN IDENTIFIER

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLPY03	191	4					N MEDICARE PERCAP PAYMENT MAR
H_PLTP04	195	2	\$PLNFMT				C GHP PLAN TYPE APR
				10,901			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				71			02 COST HMO
				2,011			06 RISK HMO
H_PLAN04	197	5	\$GHPFMT				C GHP CONTRACT NUMBER APR
				2,095			H0000-H9999 PLAN IDENTIFIER
				10,901			N UNKNOWN, OR NO PLAN
				19			90091 PLAN IDENTIFIER
H_PLPY04	202	4					N MEDICARE PERCAP PAYMENT APR
H_PLTP05	206	2	\$PLNFMT				C GHP PLAN TYPE MAY
				10,919			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				69			02 COST HMO
				1,995			06 RISK HMO
H_PLAN05	208	5	\$GHPFMT				C GHP CONTRACT NUMBER MAY
				2,077			H0000-H9999 PLAN IDENTIFIER
				10,919			N UNKNOWN, OR NO PLAN
				19			90091 PLAN IDENTIFIER
H_PLPY05	213	4					N MEDICARE PERCAP PAYMENT MAY
H_PLTP06	217	2	\$PLNFMT				C GHP PLAN TYPE JUN
				10,916			NO ENROLLMENT FOR MONTH
				33			01 HCPP
				70			02 COST HMO
				1,996			06 RISK HMO
H_PLAN06	219	5	\$GHPFMT				C GHP CONTRACT NUMBER JUN
				2,080			H0000-H9999 PLAN IDENTIFIER
				10,916			N UNKNOWN, OR NO PLAN
				19			90091 PLAN IDENTIFIER
H_PLPY06	224	4					N MEDICARE PERCAP PAYMENT JUN
H_PLTP07	228	2	\$PLNFMT				C GHP PLAN TYPE JUL
				10,917			NO ENROLLMENT FOR MONTH
				33			01 HCPP
				69			02 COST HMO
				1,996			06 RISK HMO
H_PLAN07	230	5	\$GHPFMT				C GHP CONTRACT NUMBER JUL
				2,079			H0000-H9999 PLAN IDENTIFIER
				10,917			N UNKNOWN, OR NO PLAN
				19			90091 PLAN IDENTIFIER
H_PLPY07	235	4					N MEDICARE PERCAP PAYMENT JUL

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP08	239	2	\$PLNFMT				C GHP PLAN TYPE AUG
				10,916			NO ENROLLMENT FOR MONTH
				33			01 HCPP
				67			02 COST HMO
				1,999			06 RISK HMO
H_PLAN08	241	5	\$GHPFMT				C GHP CONTRACT NUMBER AUG
				2,080		H0000-H9999	PLAN IDENTIFIER
				10,916			N UNKNOWN, OR NO PLAN
				19		90091	PLAN IDENTIFIER
H_PLPY08	246	4					N MEDICARE PERCAP PAYMENT AUG
H_PLTP09	250	2	\$PLNFMT				C GHP PLAN TYPE SEP
				10,926			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				67			02 COST HMO
				1,990			06 RISK HMO
H_PLAN09	252	5	\$GHPFMT				C GHP CONTRACT NUMBER SEP
				2,071		H0000-H9999	PLAN IDENTIFIER
				10,926			N UNKNOWN, OR NO PLAN
				18		90091	PLAN IDENTIFIER
H_PLPY09	257	4					N MEDICARE PERCAP PAYMENT SEP
H_PLTP10	261	2	\$PLNFMT				C GHP PLAN TYPE OCT
				10,930			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				68			02 COST HMO
				1,985			06 RISK HMO
H_PLAN10	263	5	\$GHPFMT				C GHP CONTRACT NUMBER OCT
				2,067		H0000-H9999	PLAN IDENTIFIER
				10,930			N UNKNOWN, OR NO PLAN
				18		90091	PLAN IDENTIFIER
H_PLPY10	268	4					N MEDICARE PERCAP PAYMENT OCT
H_PLTP11	272	2	\$PLNFMT				C GHP PLAN TYPE NOV
				10,940			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				67			02 COST HMO
				1,976			06 RISK HMO
H_PLAN11	274	5	\$GHPFMT				C GHP CONTRACT NUMBER NOV
				2,057		H0000-H9999	PLAN IDENTIFIER
				10,940			N UNKNOWN, OR NO PLAN
				18		90091	PLAN IDENTIFIER
H_PLPY11	279	4					N MEDICARE PERCAP PAYMENT NOV

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_PLTP12	283	2	\$PLNFMT				C GHP PLAN TYPE DEC
				10,950			NO ENROLLMENT FOR MONTH
				32			01 HCPP
				67			02 COST HMO
				1,966			06 RISK HMO
H_PLAN12	285	5	\$GHPFMT				C GHP CONTRACT NUMBER DEC
				2,047		H0000-H9999	PLAN IDENTIFIER
				10,950			N UNKNOWN, OR NO PLAN
				18		90091	PLAN IDENTIFIER
H_PLPY12	290	4					N MEDICARE PERCAP PAYMENT DEC
H_MCSW	294	1	\$SWFMT				C Y=SOME MEDICAID ELIGIBILITY FOR CY
				10,567			N NO PARTICIPATION
				2,448			Y SOME PARTICIPATION
H_MCDE01	295	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JAN
				0			A STATE PART A BUY-IN
				918			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,788			N NO BUY-IN THIS MONTH
				1,039			Q STATE PART B QMB BUY-IN
				171			S STATE PART B SLMB BUY-IN
H_MCDE02	296	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR FEB
				0			A STATE PART A BUY-IN
				923			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,786			N NO BUY-IN THIS MONTH
				1,033			Q STATE PART B QMB BUY-IN
				174			S STATE PART B SLMB BUY-IN
H_MCDE03	297	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR MAR
				0			A STATE PART A BUY-IN
				923			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,785			N NO BUY-IN THIS MONTH
				1,033			Q STATE PART B QMB BUY-IN
				175			S STATE PART B SLMB BUY-IN
H_MCDE04	298	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR APR
				0			A STATE PART A BUY-IN
				926			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				54			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,790			N NO BUY-IN THIS MONTH
				1,023			Q STATE PART B QMB BUY-IN
				178			S STATE PART B SLMB BUY-IN

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE05	299	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR MAY
				0			A STATE PART A BUY-IN
				925			B STATE PART B BUY-IN
				40			C STATE PART A AND B BUY-IN
				53			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,797			N NO BUY-IN THIS MONTH
				1,019			Q STATE PART B QMB BUY-IN
				178			S STATE PART B SLMB BUY-IN
H_MCDE06	300	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JUN
				0			A STATE PART A BUY-IN
				916			B STATE PART B BUY-IN
				40			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,801			N NO BUY-IN THIS MONTH
				1,019			Q STATE PART B QMB BUY-IN
				181			S STATE PART B SLMB BUY-IN
H_MCDE07	301	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR JUL
				0			A STATE PART A BUY-IN
				914			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,792			N NO BUY-IN THIS MONTH
				1,025			Q STATE PART B QMB BUY-IN
				185			S STATE PART B SLMB BUY-IN
H_MCDE08	302	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR AUG
				0			A STATE PART A BUY-IN
				916			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,786			N NO BUY-IN THIS MONTH
				1,026			Q STATE PART B QMB BUY-IN
				188			S STATE PART B SLMB BUY-IN
H_MCDE09	303	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR SEP
				0			A STATE PART A BUY-IN
				920			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,791			N NO BUY-IN THIS MONTH
				1,017			Q STATE PART B QMB BUY-IN
				188			S STATE PART B SLMB BUY-IN

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MCDE10	304	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR OCT
				0			A STATE PART A BUY-IN
				918			B STATE PART B BUY-IN
				41			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,795			N NO BUY-IN THIS MONTH
				1,016			Q STATE PART B QMB BUY-IN
				187			S STATE PART B SLMB BUY-IN
H_MCDE11	305	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR NOV
				0			A STATE PART A BUY-IN
				910			B STATE PART B BUY-IN
				39			C STATE PART A AND B BUY-IN
				55			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,798			N NO BUY-IN THIS MONTH
				1,024			Q STATE PART B QMB BUY-IN
				186			S STATE PART B SLMB BUY-IN
H_MCDE12	306	1	\$MCDCFMT				C MEDICAID ELIGIBILITY FOR DEC
				1			A STATE PART A BUY-IN
				887			B STATE PART B BUY-IN
				36			C STATE PART A AND B BUY-IN
				53			D STATE PART A AND B QMB BUY-IN
				3			E STATE PART A AND B SLMB BUY-IN
				10,841			N NO BUY-IN THIS MONTH
				1,010			Q STATE PART B QMB BUY-IN
				184			S STATE PART B SLMB BUY-IN
H_MACY01	307	3	\$MACYFMT				C BUY-IN AGENCY FOR JAN
				10,788			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,227			000-999 STATE AGENCY CODE
H_MACY02	310	3	\$MACYFMT				C BUY-IN AGENCY FOR FEB
				10,786			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,229			000-999 STATE AGENCY CODE
H_MACY03	313	3	\$MACYFMT				C BUY-IN AGENCY FOR MAR
				10,785			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,230			000-999 STATE AGENCY CODE
H_MACY04	316	3	\$MACYFMT				C BUY-IN AGENCY FOR APR
				10,790			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,225			000-999 STATE AGENCY CODE
H_MACY05	319	3	\$MACYFMT				C BUY-IN AGENCY FOR MAY
				10,797			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,218			000-999 STATE AGENCY CODE

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_MACY06	322	3	\$MACYFMT				C BUY-IN AGENCY FOR JUN
				10,800			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,215			000-999 STATE AGENCY CODE
H_MACY07	325	3	\$MACYFMT				C BUY-IN AGENCY FOR JUL
				10,792			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,223			000-999 STATE AGENCY CODE
H_MACY08	328	3	\$MACYFMT				C BUY-IN AGENCY FOR AUG
				10,785			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,230			000-999 STATE AGENCY CODE
H_MACY09	331	3	\$MACYFMT				C BUY-IN AGENCY FOR SEP
				10,791			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,224			000-999 STATE AGENCY CODE
H_MACY10	334	3	\$MACYFMT				C BUY-IN AGENCY FOR OCT
				10,795			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,220			000-999 STATE AGENCY CODE
H_MACY11	337	3	\$MACYFMT				C BUY-IN AGENCY FOR NOV
				10,797			N UNKNOWN, OR NO BUY-IN
				0			S00-S99 STATE AGENCY CODE
				2,218			000-999 STATE AGENCY CODE
H_MACY12	340	3	\$MACYFMT				C BUY-IN AGENCY FOR DEC
				10,841			N UNKNOWN, OR NO BUY-IN
				1			S00-S99 STATE AGENCY CODE
				2,173			000-999 STATE AGENCY CODE
H_HOSSW	343	1	\$UTLFMT				C 1 = ONE OR MORE HOSPICE BILLS IN CY
				12,824			0 NO UTILIZATION THIS TYPE
				191			1 SOME UTILIZATION THIS TYPE
H_INPSW	344	1	\$UTLFMT				C 1 = ONE OR MORE INP DISCHARGES IN CY
				10,566			0 NO UTILIZATION THIS TYPE
				2,449			1 SOME UTILIZATION THIS TYPE
H_SNFSW	345	1	\$UTLFMT				C 1 = ONE OR MORE SNF ADMISSIONS IN CY
				12,468			0 NO UTILIZATION THIS TYPE
				547			1 SOME UTILIZATION THIS TYPE
H_HHASW	346	1	\$UTLFMT				C 1 = ONE OR MORE HHA VISITS IN CY
				12,131			0 NO UTILIZATION THIS TYPE
				884			1 SOME UTILIZATION THIS TYPE

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_OUTSW	347	1	\$UTLFMT				C 1 = ONE OR MORE OUTPT VISITS IN CY 0 NO UTILIZATION THIS TYPE 1 SOME UTILIZATION THIS TYPE
				5,748			
				7,267			
H_PBSW	348	1	\$UTLFMT				C 1 = ONE OR MORE PART B CLAIMS IN CY 0 NO UTILIZATION THIS TYPE 1 SOME UTILIZATION THIS TYPE
				3,009			
				10,006			
H_PTARMB	349	6					N \$\$\$\$\$\$ TOTAL PART A REIMB CY
H_PTBRMB	355	6					N \$\$\$\$\$\$ TOTAL PART B REIMB CY
H_PTAPRM	361	8					N \$\$\$\$\$.CC TOT BENE PAID PART A PREMIUM
H_PTBPRM	369	8					N \$\$\$\$\$.CC TOT BENE PAID PART B PREMIUM
H_LATDCH	377	8	\$DTE8FMT				C DISCHARGE DATE OF LATEST INP STAY MISSING DATE AS YYYYMMDD
				10,566			
				2,449			
H_LATDRG	385	3	\$DRGFMT				C DRG CODE FOR LATEST INP STAY UNKNOWN, OR NO DISCHARGE 000-999 DRG
				10,566			
				2,449			
H_DISDES	388	2	\$DSTFMT				C DISCHARGE DESTINATION FOR LAST STAY NO DISCHARGE 01 DISCHARGE TO HOME 02 TRANSFER-TO HOSP 03 TRANSFER-TO SNF 04 TRANSFER-TO ICF 05 TRANSFER-OTHER 06 TRANSFER TO HHA 07 LAMA 08 HOME IV DRUG 09 ADMIT/READMIT 10-19 TRANSFER-ST CODES 20 EXPIRED 21-29 EXPIRED-ST CODES 30 STILL PATIENT 31-39 STILL PATIENT, ST 40 EXPIRED AT HOME 41 DIED IN FACILITY 42 DIED, PLACE UNK 43-99 NOT USED
				10,566			
				1,474			
				16			
				362			
				91			
				52			
				223			
				10			
				0			
				0			
				0			
				193			
				0			
				17			
				0			
				0			
				0			
				0			
				11			
H_INPSTY	390	2					N NO. OF INPAT STAYS FOR CY
H_INPDAY	392	3					N NO. OF INPAT COVRD DAYS FOR CY
H_INPCHG	395	6					N \$\$\$\$\$\$ INPAT CHARGES FOR CY
H_INPCCH	401	6					N \$\$\$\$\$\$ INPAT COVRD CHGS FOR CY
H_INPRMB	407	6					N \$\$\$\$\$\$ INPAT REIMB FOR CY
H_INPCDY	413	2					N INPAT COVRD DAYS USED IN CY

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_INPCAM	415	5					N \$\$\$\$\$\$ TOTAL INP COINS AMT CY
H_SNFSTY	420	2					N TOTAL SNF STAYS IN CY
H_SNFDAY	422	3					N TOTAL SNF COVERED DAYS IN CY
H_SNFCHG	425	6					N \$\$\$\$\$\$\$ TOTAL SNF CHRGS IN CY
H_SNFCCH	431	6					N \$\$\$\$\$\$\$ TOTAL SNF COV CHRGS CY
H_SNFRMB	437	6					N \$\$\$\$\$\$\$ TOTAL SNF REIMB IN CY
H_SNFCDY	443	3					N TOTAL SNF COINS DAYS IN CY
H_SNFCAM	446	6					N \$\$\$\$\$\$ TOTAL SNF COINS AMT CY
H_HHAVST	452	4					N TOTAL HHA VISITS IN CY
H_HHACCH	456	6					N \$\$\$\$\$\$\$ TOTAL HHA COV CHGS CY
H_HHACHO	462	6					N \$\$\$\$\$\$ TOT HHA OTHER COV CHGS CY
H_HHARMA	468	6					N \$\$\$\$\$\$ TOT HHA PART A REIMB IN CY
H_HHARMB	474	6					N \$\$\$\$\$\$ TOT HHA PART B REIMB IN CY
H_HSDAYS	480	3					N TOTAL COVRD HOSPICE DAYS CY
H_HSTCHG	483	6					N \$\$\$\$\$\$\$ TOT HOSPICE CHGS CY
H_HSREIM	489	6					N \$\$\$\$\$\$\$ TOT HOSPICE REIMB CY
H_OUTBIL	495	3					N TOTAL OUTPT BILLS IN CY
H_OUTCHG	498	6					N \$\$\$\$\$\$\$ TOTAL OUTPT COV CHG CY
H_OUTRMB	504	6					N \$\$\$\$\$\$\$ TOTAL OUTPT REIMB CY
H_PMTCLM	510	4					N TOTAL PHYSICIAN/SUPPLIER CLAIMS IN CY
H_PMTLIN	514	4					N TOTAL PHYSICIAN/SUPPLIER LINE ITEMS CY
H_PMTSCH	518	6					N \$\$\$\$\$\$\$ TOT SUBMITTED CHGS CY
H_PMTACH	524	6					N \$\$\$\$\$\$\$ TOT ALLOWED CHGS CY
H_PMTRMB	530	6					N \$\$\$\$\$\$\$ TOT PHYS REIMB CY
H_PMTVST	536	3					N TOTAL OFFICE VISITS IN CY
H_PMTCHO	539	6					N TOTAL OFFICE VISIT CHARGES IN CY
H_DMECLM	545	4					N TOTAL DURABLE MED EQUIP CLAIMS IN CY
							NOTES: Prior to 2000 this was included in H_PMTCLM. First available in 1998
H_DMELIN	549	4					N TOTAL DME LINE ITEMS IN CY
							NOTES: Prior to 2000 this was included in H_PMTLIN. First available in 1998

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
H_DMESCH	553	6					N \$\$\$\$\$\$ TOT SUBMITTED DME CHGS IN CY NOTES: Prior to 2000 this was included in H_PMTSCH. First available in 1998
H_DMEACH	559	6					N \$\$\$\$\$\$ TOT ALLOWED DME CHGS IN CY NOTES: Prior to 2000 this was included in H_PMTACH. First available in 1998
H_DMERMB	565	6					N \$\$\$\$\$\$ TOT DME REIMB IN CY NOTES: Prior to 2000 this was included in H_PMTRMB. First available in 1998